

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-578)</small>						<small>SERIAL NO.</small> 10/070915	<small>FILING DATE</small> 				
						<small>APPLICANT(S)</small> 					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	IND.	DEP.	IND.	DEP.	IND.	DEP.	NO.	IND.	DEP.	IND.	DEP.
1							51				
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49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-578 (REV. 5-78)